



PROVIDER VACCINE INVENTORY

All State Supplied Vaccines

Date Submitted:	Health Department/Agency/Facility:				
VFC PIN Number:	Person Completing Report:	Nursing Director Signature:	Phone Number with Area Code: ()		

Vaccine Type	Manufacturer	Lot Number	Expiration Date	Number of Doses	Grand Total
DT					
DTaP					
DTaP-Hep B-IPV					
DTaP-HIB					
e-IPV					
Hep A- adult					
Hep A- pediatric					
Hep B- adult					
Hep B-pediatric					
Hep B-HIB					
HIB					

Date Submitted:	VFC PIN Number:	Health Department/Agency/Facility:			
Vaccine Type	Manufacturer	Lot Number	Expiration Date	Number of Doses	Grand Total
HPV					
MCV4					
MMR					
MMRV					
PCV7					
RTV					
Td					
Tdap					
Varicella					

INSTRUCTIONS

1. For each vaccine listed below, allow one row for each lot number and fill in all information requested.
2. For each vaccine type, add the total number of doses together. List the resulting sum in the Grand Total column.
3. Make a photocopy for your records and submit form with your vaccine order by FAX (801) 538-9322 or mail to the Utah Immunization Program.